

**Commonwealth of Kentucky**  
**Office of Insurance - Agent Licensing Division**  
**P. O. Box 517 - Frankfort, Ky. 40602**  
**502-564-6004    <http://doi.ppr.ky.gov/kentucky/>**

**FINANCIAL RESPONSIBILITY SURETY BOND**  
**(Form 99-3)**

This form is available only to admitted authorized insurers who are eligible to write the liability for the bond. This form is available only to authorized insurers or bonding companies. If you are an authorized insurer or bonding company representative, please send your written request for this form to:

Kentucky Office of Insurance  
Agent Licensing Division  
Attn: Financial Responsibility  
P. O. Box 517  
Frankfort, KY 40602

Or you may submit your written request via e-mail to  
[KOIAgentLicensingMail@ky.gov](mailto:KOIAgentLicensingMail@ky.gov)

A Surety Bond may be used to satisfy financial responsibility requirements for licensees, as required by KRS 304.9-105304.9-330, 304.10-140, and 304.15-700. The Surety Bond ensures that the insurer has and will keep in effect on behalf of the licensee a bond for the statutorily required amount covering the legal liability of the licensee as the result of erroneous acts or failure to act in his or her capacity as a licensee, and ensuring to the benefit of any aggrieved party, and that the bond shall not be terminated unless at least thirty (30) days prior written notice will have been given to the Executive Director, Office of Insurance. Notice to the Executive Director shall be deemed to have been given on the date the Office receives completed Form 99-5.

Please visit our Web site at <http://doi.ppr.ky.gov/kentucky/> to confirm that the Office of Insurance has received your Form 99-3 and entered it into the Office records for the named licensee.